

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046050	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/18/2014
NAME OF PROVIDER OR SUPPLIER COMFORT CARE HOMES OF KC #7001		STREET ADDRESS, CITY, STATE, ZIP CODE 7001 WEST 69TH STREET OVERLAND PARK, KS 66204		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of an initial survey conducted at the above named home plus facility on 8-14-14 and 8-18-14.	S 000		
S5205 SS=J	26-42-104 (a) Disaster and Emergency Preparedness a) The administrator or operator of each home plus shall ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. This REQUIREMENT is not met as evidenced by: KAR 26-42-104(a) The facility reported a census of 8 residents. The sample included 3 residents. Based on record review and interview for 2 (#100, #200) of 3 sampled residents and 2 (#500, #600) non-sampled residents requiring 2 staff for transfer, the operator failed to ensure the provision of a sufficient number of staff on night shift to take residents who would require assistance to a secure location. This failure placed residents in this facility in immediate jeopardy related to insufficient staff available to take residents requiring assistance in an emergency or disaster during the night to a secure location. Findings included: - Review of the resident roster revealed a total resident census of 8 residents. The roster identified 4 residents who would require 2 staff for transfers and one of these residents would	S5205		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S5205	<p>Continued From page 1</p> <p>require a mechanical lift.</p> <p>Interview during entrance tour on 8-14-14 at 12:05 pm with licensed staff B stated the following: Resident #100 was a 2 person transfer due to weakness and does not use a mechanical lift; resident #200 was a 2 person transfer with use of a mechanical lift; resident #500 was a 2 person transfer because he/she is not always able to bear weight; and resident #600 was a 2 person transfer and did not require a mechanical lift.</p> <p>Interview on 8-14-14 at 3:30 pm with administrative staff A confirmed he/she did the scheduling and there were 4 residents identified on the resident roster as requiring 2 staff members for transfer assistance. Stated from 2-14-13 had one 12-hour caregiver at all times from 7am to 7pm and 7pm to 7am with an additional caregiver daily from 8 am to 2 pm. On 4-22-13 when resident #500 was admitted, they started having 2 caregivers " around the clock " because resident #500 was a 2 person transfer. One caregiver from 7am to 7pm and 7pm to 7am, with one 24 hour staff member who went to the basement to sleep at 10pm but was there if needed. This schedule lasted until 5-24-14. Beginning 5-25-14 they staffed one caregiver 7am to 7pm and 7pm to 7am. Also staffed one 8-hour shift caregiver from 6am to 2pm and 2pm to 10pm. Starting at 10pm a caregiver was staffed to " float " between this facility and another facility. Confirmed there were times when the 10pm to 6am caregiver would not be available for emergencies because he/she would be at the other house. Administrative staff A further confirmed there were 2-person transfer residents at the other facility as well.</p>	S5205		

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S5205	<p>Continued From page 2</p> <p>Interview on 8-18-14 at 8:30 am with administrative staff A confirmed facility had not conducted a drill that included evacuation of residents with the use of 1 staff member on the night shift to determine if an evacuation could be performed safely and in a timely manner with 1 staff person.</p> <p>The facility reported a census of 8 residents with dementia/and or impaired cognition. The facility roster identified 4 residents who required a 2 person/staff transfer. Beginning 5-25-14, the facility scheduled one certified staff to work the night shift (10 pm to 6 am) who floated to another facility and would not be available to assist with transfers in the event of an emergency. The facility had not conducted a drill that included evacuation of residents with the use of only 1 staff to determine if an evacuation could be performed safely and in a timely manner with 1 staff person.</p> <p>For residents #100, #200, #500 and #600, the operator failed to ensure the provision of a sufficient number of staff members to take residents who would require assistance in an emergency or disaster to a secure location. This failure placed residents in this facility in immediate jeopardy related to insufficient staff available to take residents requiring assistance in an emergency or disaster during the night to a secure location.</p> <p>The jeopardy was removed on 8-13-14 when two staff were scheduled on duty at all times.</p>	S5205		